

# Bangladesh



**Demographic and  
Health Survey  
1993-94**

S U M M A R Y   R E P O R T

# **BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94**

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May 1995

This report summarizes the findings of the 1993-94 Bangladesh Demographic and Health Survey (BDHS) conducted by Mitra and Associates under the authority of the National Institute of Population Research and Training (NIPORT) of the Ministry of Health and Family Welfare, Government of Bangladesh. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development office in Dhaka (USAID/Bangladesh) and the Government of Bangladesh.

The BDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect data on fertility, family planning and maternal and child health. Additional information about the Bangladesh survey may be obtained from Mitra and Associates at 2/17 Iqbal Road, Block A, Mohammadpur, Dhaka, Bangladesh (Telephone: 818-065; Fax: c/o 832-915) or from NIPORT, Azimpur, Dhaka, Bangladesh (Telephone: 507-866; Fax: 863-362). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone: 301-572-0200; Fax: 301-572-0999).

## Background

The 1993-94 Bangladesh Demographic and Health Survey (BDHS) is a nationally representative survey of 9,640 ever-married women age 10-49. A subsample of 3,284 husbands of respondents were also interviewed, and information was collected on the availability of community services. Fieldwork for the BDHS took place from mid-November 1993 to mid-March 1994.

The BDHS was designed to provide information on levels and trends of fertility, family planning knowledge and use, infant and child mortality, and maternal and child health. The husbands' survey obtained information on knowledge and attitudes toward family planning, and use of contraception. The BDHS data are intended for use by program managers and policymakers to evaluate and improve family planning and maternal and child health programs in Bangladesh.

The BDHS was conducted under the authority of the National Institute of Population Research and Training (NIPORT) of the Ministry of Health and Family Welfare. The survey was implemented by Mitra and Associates, a private research firm in Dhaka. Macro International Inc. of Calverton, Maryland (U.S.A.) provided technical assistance to the project through the Demographic and Health Surveys (DHS) program, while financial assistance was provided by the U.S. Agency for International Development (USAID/Bangladesh).



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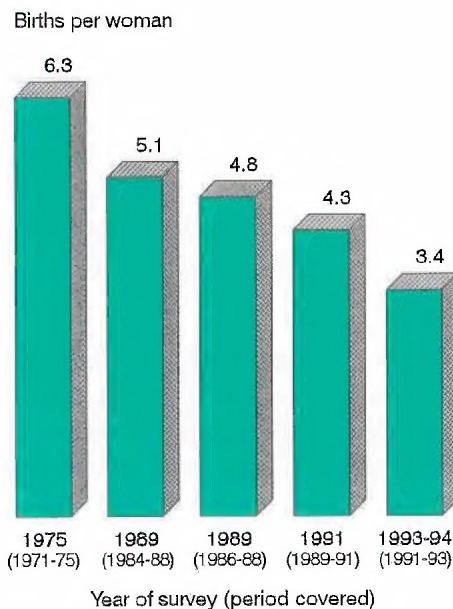
## Fertility

As one of the most densely populated countries in the world, Bangladesh has long been concerned with population growth. Findings from the BDHS indicate that the rapid decline in fertility documented by previous surveys is not only continuing, but accelerating.

### Levels and Trends

The total fertility rate in Bangladesh has declined from 6.3 births per woman for the period 1971-75 to 3.4 births for the period 1991-93. Since 1989-91, it has declined from 4.3 to 3.4 births per woman, a drop of 21 percent in a two-year period. This is the most dramatic decrease in fertility ever recorded in Bangladesh. BDHS data indicate that declining fertility is a national phenomenon occurring at about the same rate among all age groups and in all administrative divisions.

**Total Fertility Rates, 1971-1993  
(Women 15-49)**



*Fertility has been declining steadily in Bangladesh for two decades, from more than six births per woman in the early 70s to just over three in the early 90s.*

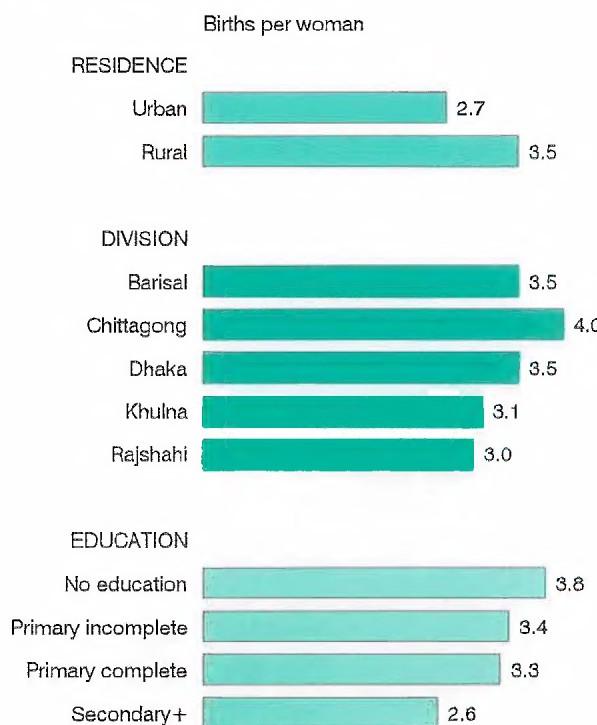



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*Findings from the BDHS indicate that the rapid decline in fertility documented by previous surveys is not only continuing, but accelerating.*

Although the *rate* of fertility decline has been generally uniform across subgroups, significant differences in fertility *levels* still exist. For example, fertility is 30 percent higher in rural areas than in urban areas (3.5 versus 2.7 births per woman), and it is higher in Chittagong Division (4.0 births per woman) than in Rajshahi and Khulna Divisions (around 3 births per woman); Barisal and Dhaka Divisions are intermediate with 3.5 births per woman.

#### **Differentials in Total Fertility Rates (Women 15-49)**



Fertility is particularly high among rural women, women in Chittagong Division, and women who have no education.

Fertility levels are closely related to women's education. In Bangladesh, women with no formal education give birth to an average of 3.8 children in their lifetime, compared with 2.6 for women who have at least some secondary education. Women who have either incomplete primary or complete primary education have intermediate fertility rates.



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## Age at First Birth

Although increased use of contraception accounts for most of the decline in fertility in Bangladesh, the increase in age at first birth has also had an impact. The age at which Bangladeshi women have their first child has been increasing steadily, paralleling increases in age at marriage. For example in 1975, the median age at first birth among women 20-24 was 16.8; in 1989, it had risen to 18.0 and, by 1993-94, to 18.3.

Despite the trend toward older age at first birth, childbearing begins early in Bangladesh, with the majority of women becoming mothers before they reach the age of 20. Among teens age 15-19, one in three is either already a mother or pregnant with her first child. This is of particular concern because, as the BDHS data show, children born to young mothers suffer higher rates of morbidity and mortality.

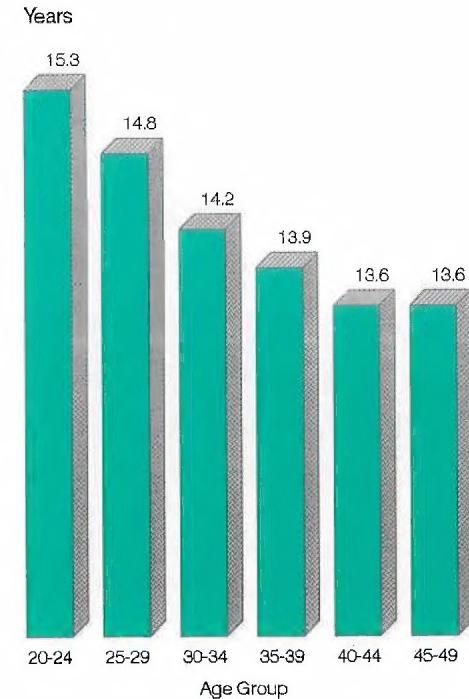


## Marriage and Exposure to the Risk of Pregnancy

A tradition of early marriage in Bangladesh contributes to the high level of fertility. Women who marry young begin childbearing earlier, and the length of time they are exposed to the risk of pregnancy is greater. The median age at first marriage is 14.4 years.

Over the past 25 years, there has been a gradual increase in the median age at first marriage from 13.6 years among women 45-49 to 15.3 years among those 20-24. In addition, there has been a sharp decline in the proportion of women marrying in their early teens. The percentage who marry before reaching age 15 has fallen from 77 percent among women 45-49 to 30 percent among those 15-19.

**Median Age at First Marriage  
(Women 20-49)**



*Over the past 25 years, the median age at first marriage has increased from 13.6 among women 45-49 to 15.3 among those 20-24.*

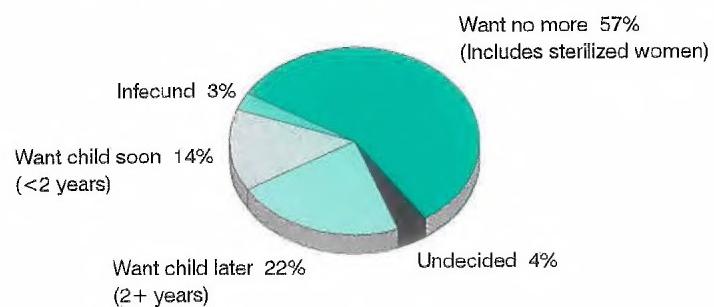
## Fertility Preferences

Fertility levels are influenced by individual fertility preferences. In Bangladesh, almost half (48 percent) of currently married women report that they do not want to have any more children, and another 9 percent (or their husbands) have been sterilized. Thirty-seven percent want to have another child at some time, but the majority of these (22 percent) want to wait at least two years before having another child. Only 14 percent of women say they want to have a child soon. Thus, most women want either to space their next birth or to limit births altogether.

Data from the BDHS indicate that the two-child norm has become widespread in Bangladesh. Fifty-six percent of respondents prefer a two-child family and another 24 percent consider a three-child family ideal. Overall, the mean ideal family size is 2.5 children. This is down from 4.1 children in 1975 and 2.9 children in 1989. In addition, younger women want smaller families than older women. Women age 15-19 want an average of 2.3 children, compared with 2.7 among women 45-49.

Rural women prefer a slightly larger family than urban women (2.5 and 2.3 children, respectively), a differential reflected in all age groups. Regionally, the largest mean ideal family size is found in Chittagong Division (2.8 children), while women in Khulna Division have the smallest ideal family size (2.3). Ideal family size is also correlated with level of education. Women with no education want the largest families (2.6 children), while those with secondary education want the smallest families (2.2 children).

*Fertility Preferences  
(Currently Married Women 10-49)*



*Almost half of Bangladeshi women say that they do not want to have any more children; another 9 percent (or their husbands) are sterilized.*

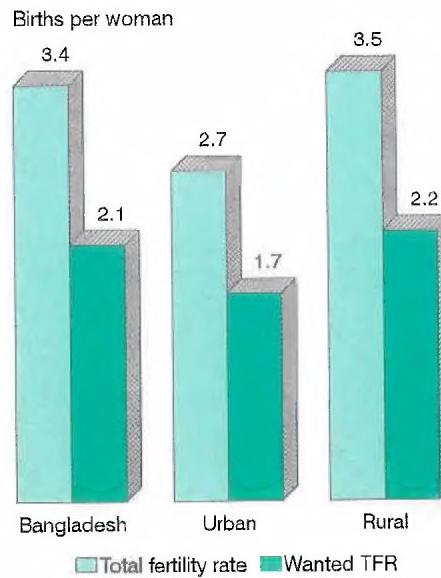


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One-third of births in the three years preceding the survey were either not wanted at the time they occurred or not wanted at all. Measuring the level of unwanted fertility is important in determining the effectiveness of family planning programs. One way of measuring unwanted fertility is to calculate the difference between the total fertility rate and the *wanted fertility rate*, i.e., what the total fertility rate would be if all unwanted births were avoided. The results from the BDHS indicate that if unwanted births were eliminated, the fertility rate in Bangladesh would be 2.1 births per woman (or replacement level), more than one child less than the actual fertility rate (3.4 births per woman).

The fertility preferences of husbands interviewed in the BDHS are similar to those of women respondents; however, slightly more husbands than wives do not want to have any more children. Fifty-one percent of husbands reported that they want no more children, compared with 48 percent of wives, and slightly fewer husbands than wives want to have another child sometime (33 percent versus 37 percent). The data on couples indicate there is considerable agreement between husbands and wives on the ideal number of children. Almost half (45 percent) of couples reported desiring the same ideal number of children; in 20 percent of couples, the husband wanted more children than the wife; and in 22 percent, the wife wanted more children than the husband.

#### **Total Fertility Rates (TFRs) and Wanted TFRs (Women 15-49)**



*If all unwanted births were eliminated, the fertility rate in Bangladesh would be 2.1 births per woman (i.e., replacement level).*

*Fifty-one percent of husbands reported that they want no more children, compared with 48 percent of wives....*



## Family Planning

Knowledge of family planning is virtually universal in Bangladesh and almost two-thirds of ever-married women have used a method of contraception at some time. Currently, 45 percent of married women use family planning to achieve their childbearing goals.

### Knowledge and Ever Use of Contraception

Married women report knowing an average of seven family planning methods, six of which are modern methods. The most widely known methods are the pill, female sterilization, and injection. Almost all women who know a method also know where it can be obtained.

Sixty-three percent of ever-married women have used a method of contraception at some time, and 56 percent have used a modern method. Ever use of contraception has almost doubled in the past decade, from 33 percent of ever-married women in 1983 to 63 percent in 1993-94. The pill (42 percent) is by far the most popular method of contraception among women who have ever used a method, followed by periodic abstinence (17 percent), the condom (14 percent), injection (11 percent), withdrawal (10 percent), female sterilization (8 percent), the IUD (7 percent), and male sterilization (1 percent).



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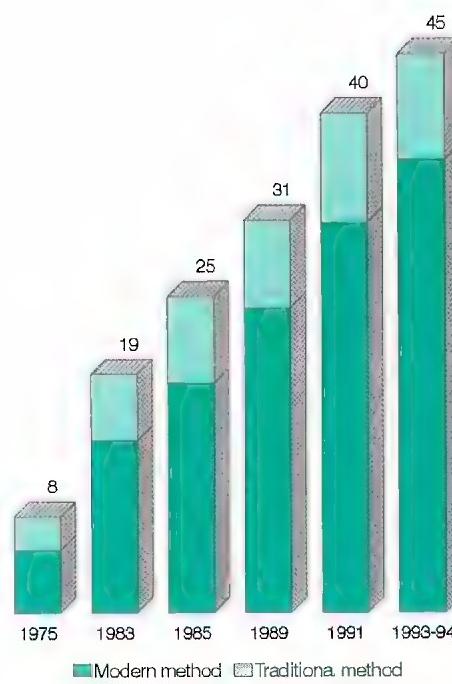
## Current Use of Contraception

Almost half (45 percent) of currently married women in Bangladesh are currently using a method of family planning. The level of use has risen almost sixfold since 1975 when only 8 percent of currently married women were using family planning. Contraceptive use increased to 19 percent in 1983, to 31 percent in 1989, and to 45 percent in 1993-94. Most of this increase has been in modern methods: four of five currently married women who use contraception are using a modern method.

The pill is the most popular method of contraception in Bangladesh, accounting for almost 40 percent of all contraceptive use. Use of the pill almost doubled between 1989 and 1993-94, increasing from 9 to 17 percent among currently married women. Other methods commonly used are female sterilization (8 percent), periodic abstinence (5 percent), and injection (5 percent). Only 3 percent of married women report that they rely on condoms as a contraceptive method, while another 3 percent say they use withdrawal as a method. The proportion of women who use the IUD or whose husbands are sterilized is 2 percent or less.

**Trends in Contraceptive Use  
(Currently Married Women 10-49)**

Percent currently using



*Contraceptive use has increased from just 8 percent in 1975 to 45 percent in 1993-94. Most of the increase has been in use of modern methods.*

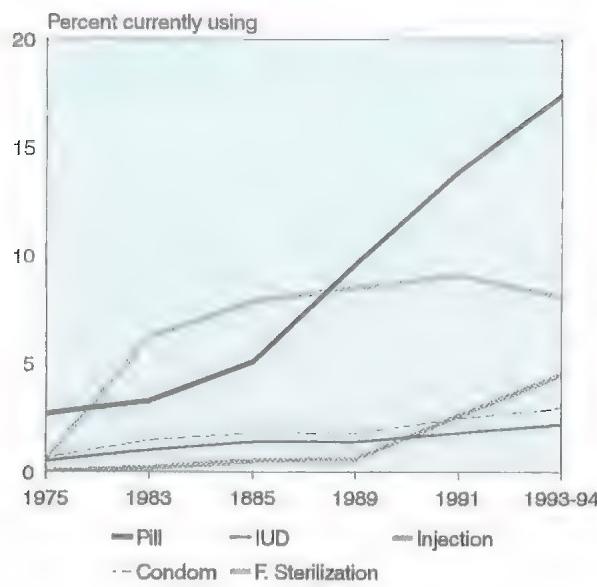


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Reversible methods of contraception such as the pill and injection are becoming increasingly popular, and women are relying less on permanent methods. The proportion of women choosing sterilization actually decreased slightly between 1991 and 1993-94, from 9 to 8 percent.

Some women are more likely to use contraception than others. Contraceptive use is substantially higher in urban areas (54 percent) than in rural areas (43 percent), and there are marked differences by division, ranging from 29 percent of married women in Chittagong Division to 56 percent among those with secondary or higher education.

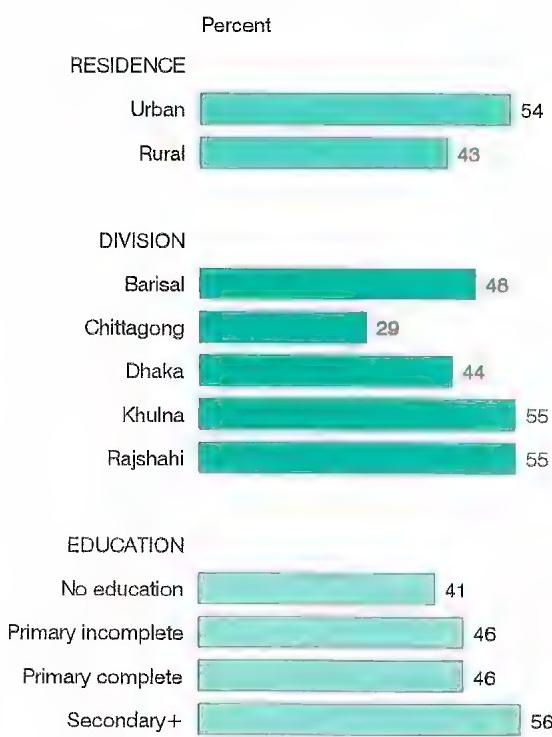
#### *Trends in Use of Modern Methods (Currently Married Women 10-49)*



Reversible methods, particularly the pill and injection, account for most of the recent increase in contraceptive use.

A sizable proportion of women who use injection (48 percent), female sterilization (47 percent), the IUD (36 percent), and the pill (33 percent) reported having health problems with their methods. Common complaints were feeling weak or tired and having headaches. The most common problem reported by injection users was amenorrhea (no menstruation), while IUD users complained of excessive bleeding. Non-health problems were rarely reported for any method.

#### *Current Use of Contraception (Currently Married Women 10-49)*



Women in Chittagong Division have the lowest level of contraceptive use, while women with secondary education have the highest level.

Almost half (48 percent) of all contraceptive users discontinue use within the first year. Those with the highest discontinuation rates are condom users (72 percent), followed by users of injection (58 percent), withdrawal (55 percent), the pill and periodic abstinence (45 percent each), and the IUD (37 percent). Side effects and health concerns were the pri-

mary reasons given for discontinuing a contraceptive method within the first 12 months of use, although a substantial proportion discontinued use in order to become pregnant.

Among currently married women who are not using contraception, 66 percent report that they intend to use a contraceptive method at some time in the future. Only 29 percent said they did not intend to use a contraceptive method.

### Attitudes Toward Family Planning

Approval of family planning is high in Bangladesh. In 89 percent of couples surveyed, both the husband and wife approved of family planning; in 6 percent, the wife approved and the husband did not; and in 3 percent, the husband approved and the wife did not. Husbands and wives both disapproved of family planning in only 2 percent of couples.

Two of five women who have ever used family planning said that they and their husbands had equal influence in the decision to use family planning; 30 percent said they had more influence, and 22 percent said their husbands had more influence.



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## Mass Media and Family Planning

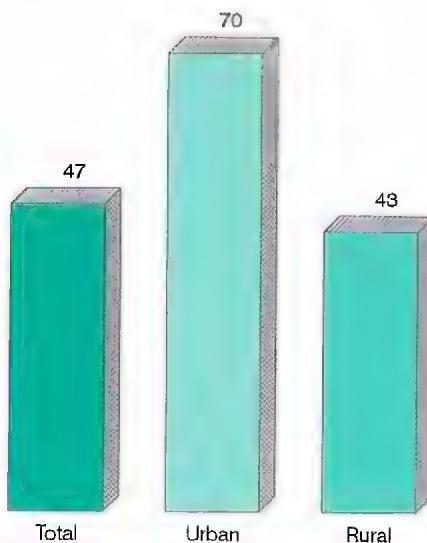
One of the reasons for the high level of contraceptive awareness in Bangladesh is the prevalence of family planning messages in the mass media. Almost half of the women interviewed said that they had heard or seen a family planning message during the month before the survey. Radio is more effective than television, billboards or posters because of the limited electrical coverage and low female literacy in Bangladesh. Two in five women heard a family planning message on the radio in the month before the interview, compared with less than one in five who had seen a message on television. Moreover, almost all women who saw a family planning message on television also heard a message on the radio. Less than one in ten women saw a family planning message on a billboard or poster in the month before the interview.

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*One of the reasons for the high level of contraceptive awareness in Bangladesh is the prevalence of family planning messages in the mass media.*

**Exposure to Family Planning Messages in the Media in the Month before the Survey (Ever-married Women 10-49)**

Percent



*Women in urban areas are more likely to be exposed to family planning messages than those in rural areas.*

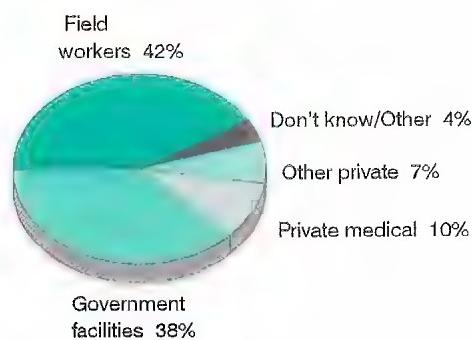


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## Family Planning Field Workers

Field workers are the most important source of modern contraceptive methods in Bangladesh, supplying 42 percent of users. In 1993-94, field workers provided a slightly larger share of family planning services than they did in 1991, when 38 percent of modern method users received their methods from field workers. This is because most of the increase in modern method use since 1991 is a result of increased use of the pill, which is distributed primarily by field workers. The proportion of services provided through either pharmacies or shops has remained steady since 1991. Although still not a major source of family planning services, satellite clinics have gained slightly in importance due to the increase in the proportion of injection users, who obtain services at the clinics.

*Source of Supply for Modern Methods  
(Current Users)*



*Family planning field workers supply the largest proportion of contraceptive users.*

## Unmet Need for Family Planning Services

With the increasing use of contraception, unmet need for family planning services has declined. (The measure *unmet need* refers to women who are currently married and who say either that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception.) Results from the 1993-94 BDHS indicate that one in five currently married women is in need of family planning (19 percent).

Just over half of the unmet need is comprised of women who want to space their next birth, while just under half is for women who do not want any more children (limiters). If all women who say they want to space or limit their children were to use methods, the contraceptive prevalence rate in Bangladesh could be increased from 45 to 65 percent of married women. Currently, 71 percent of this "total demand" for family planning is being met.

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## Maternal and Child Health

The health situation of Bangladeshi women and children has improved significantly since the early 1980s. The key indicators of child survival show steady and continued improvement, and health and family planning services are widely available throughout the country. Despite these improvements, the level of childhood mortality remains high, indicating ongoing challenges for policymakers and program managers.

### Childhood Mortality

Almost one in seven Bangladeshi children dies before reaching his/her fifth birthday. For the most recent five-year period (1989-93), under-five mortality was 133 deaths per 1,000 live births and infant mortality was 87 per 1,000 live births.

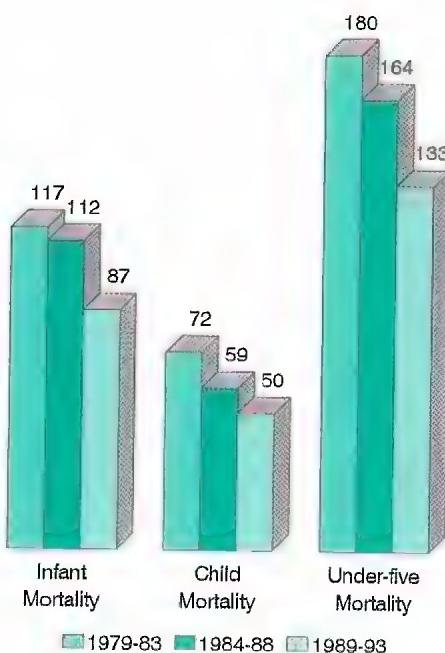
The 1993-94 BDHS data indicate that although under-five mortality remains high there has been a sharp decline in infant mortality in the most recent five-year period—from 112 deaths per 1,000 births for the period 1984-88 to 87 deaths for the period 1989-93. Most of this decline was due to the 28 percent decrease in neonatal deaths (from 73 to 52 per 1,000).

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*Almost one in seven Bangladeshi children dies before reaching his/her fifth birthday.*

### Trends in Childhood Mortality

Deaths per 1,000 births



*Although under-five mortality remains high in Bangladesh, infant mortality has shown a sharp drop in the most recent five-year period.*

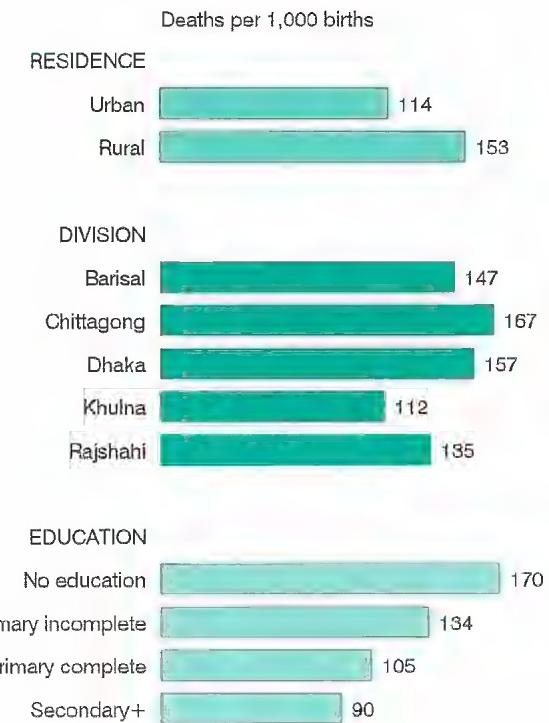


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There are marked differentials in childhood mortality according to residence, division, and level of education. Under-five mortality is 34 percent higher in rural areas (153 per 1,000) than in urban areas (114 per 1,000); it is 49 percent higher in Chittagong Division (167 per 1,000) than Khulna Division (112 per 1,000); and it is almost twice as high among children of mothers with no education (170 per 1,000) as among children of mothers with some secondary education (90 per 1,000).

The length of the preceding birth interval has a strong effect on child survival, with longer intervals associated with lower levels of mortality. In Bangladesh, children born less than two years after a sibling are three times as likely to die before their first birthday as those born after an interval of four or more years (155 and 49 deaths per 1,000, respectively). Spacing births can potentially reduce childhood mortality levels.

### ***Under-five Mortality***



Note: Rates are for the 10-year period preceding survey.

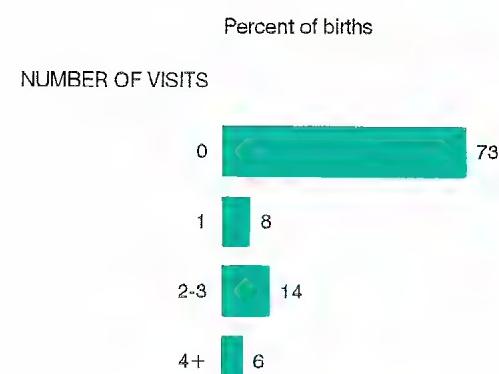


*Children are more likely to die in the first five years of life if they live in rural areas, in Chittagong Division, or if their mothers have no education.*

## Antenatal Care and Assistance at Delivery

The care women receive during pregnancy and at the time of delivery is important to the health of both mother and child. In Bangladesh, most mothers do not receive antenatal care during pregnancy. In almost three-quarters (73 percent) of births mothers received no antenatal care. For those who did receive care, the median number of antenatal care visits was just 2.7, far fewer than the 12 recommended visits. Despite the low utilization of antenatal care services, for two-thirds of births mothers reported receiving at least one tetanus toxoid injection.

### *Antenatal Care (Births in the Last 3 Years)*



### *TIMING OF FIRST VISIT*



*Mothers receive no antenatal care in almost three-quarters of births. The median number of antenatal care visits among those who seek care is 2.7.*

Home delivery is almost universal in Bangladesh (96 percent), although 20 percent of urban births take place in a health facility. The majority of deliveries are assisted by traditional birth attendants (60 percent) or relatives (29 percent); only 10 percent are assisted by medically trained personnel.

### *Assistance at Delivery (Births in the Last 3 Years)*



*Bangladeshi women generally deliver at home with assistance provided by traditional birth attendants or relatives.*

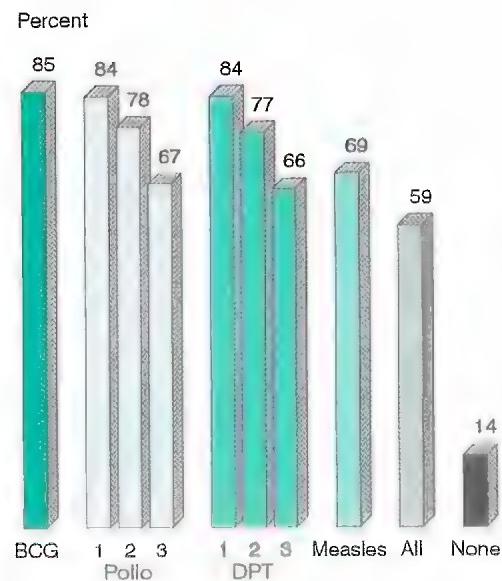
## Immunization

One possible reason for the declining level of childhood mortality in Bangladesh is improved vaccination coverage for young children. Almost 60 percent of children age 12-23 months are fully vaccinated (i.e., they have received one dose of BCG and measles vaccine and three doses of DPT and polio vaccine), compared with less than 20 percent in a 1989 survey. Coverage would be higher if the dropout rate for DPT and polio were reduced. Currently, many children receive only the first or second dose of the 3-dose series for DPT and polio.

Children living in urban areas are more likely to be fully vaccinated than those in rural areas (70 percent versus 58 percent), and there are large differentials by division: 81 percent of children in Khulna Division are fully vacci-

nated, compared with 54 percent in Chittagong Division and 49 percent in Dhaka Division. Children of mothers who attended secondary or higher education are more likely to be fully vaccinated than those of mothers who have no education (79 percent versus 52 percent).

**Vaccination Coverage  
(Children 12-23 Months)**



Note: Based on health card information and mothers' reports.

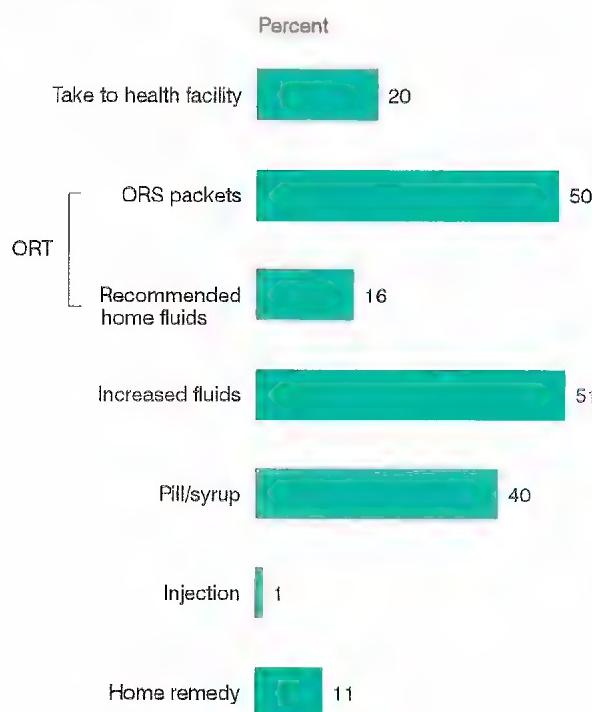
*The majority of children age 12-23 months are fully vaccinated; only 14 percent have not received any immunizations.*



## Treatment of Childhood Diseases

Bangladeshi children who show symptoms of common childhood diseases/illnesses such as acute respiratory infection and diarrhea are usually not taken to a health facility for treatment. During the two weeks before the survey, 24 percent of children under three years experienced symptoms of acute respiratory infection (i.e., cough with short, rapid breathing), but less than one in three was taken to a health facility or doctor for treatment.

### *Treatment of Diarrhea (Children under 3 Years)*



Note: Based on 2 weeks preceding survey.

*More than half of children with diarrhea are treated with oral rehydration therapy, either a solution prepared from ORS packets or recommended home fluids.*

Thirteen percent of children under three had diarrhea during the two weeks preceding the survey, but only one in five was taken to a health facility for treatment. The majority (58 percent) of children with diarrhea are treated with oral rehydration therapy (ORT), either a solution prepared from ORS packets (oral rehydration salts) or recommended home fluids.

Programs to distribute vitamin A capsules (for prevention of eye disease) have been effective in reaching young children. Forty-nine percent of children under three years received a vitamin A capsule in the six months preceding the survey.



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### Infant Feeding Practices

Breastfeeding is almost universal in Bangladesh and typically lasts more than three years. Almost all children born in the three years before the survey were breastfed for some period of time; 60 percent were still breastfeeding after 35 months.

Although breastfeeding has beneficial effects on both the child and the mother, the BDHS data indicate that supplementation of breastfeeding with other liquids and foods occurs too early in Bangladesh. For example, among newborns less than two months of age, one-quarter are receiving supplemental foods or liquids. By age two to three months almost half of children are receiving supplements.

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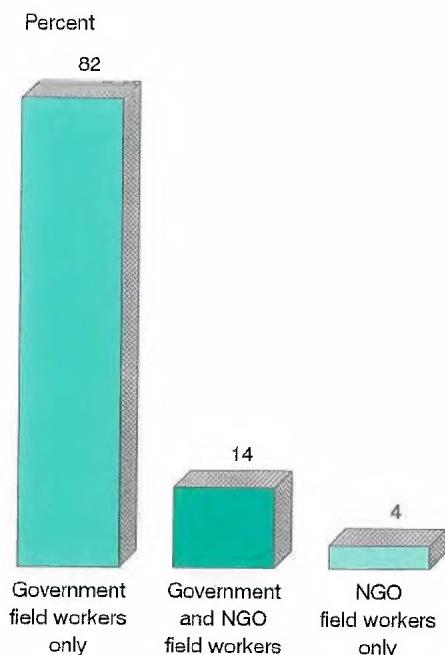
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## Availability of Health and Family Planning Services

As part of the Bangladesh Demographic and Health Survey, a team of interviewers conducted a Service Availability Survey in each cluster sampled in the main survey. The objective was to collect information on the availability of community services, particularly family planning and health services.

Overall, community services appear to be widely available in Bangladesh, although there are regional differences in the availability of health and family planning services. More than half of women interviewed in the BDHS live

**Presence of Government and Non-governmental (NGO) Field Workers (Ever-married Women 10-49)**



*Government field workers play a major role in providing family planning services. Most women live in areas served only by government field workers.*

within one mile of a family welfare center, and 14 percent are within a mile of a thana health complex. Urban women live closer to most services than rural women.

Health and family planning services are available to the majority of women. Ninety-seven percent of ever-married women live in communities covered by family planning field workers, 89 percent live in communities served by health workers, and 79 percent live in communities that have a satellite clinic.

Government-sponsored family planning field workers predominate over field workers sponsored by non-governmental organizations (NGOs). Eighty-two percent of ever-married women live in communities served only by government field workers; 4 percent live in communities served only by NGO field workers; and 14 percent live in communities served by both. Thus, 96 percent of women live in areas covered by government field workers, while 18 percent live in areas covered by NGO field workers.



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## Conclusions

### Fertility and Family Planning

Fertility has been declining in Bangladesh largely due to the steady increase in contraceptive use over the last two decades. Findings from the 1993-94 Bangladesh Demographic and Health Survey (BDHS) indicate that fertility levels have been cut in half and use of contraception has increased almost sixfold since 1975. The two-child norm is widely accepted throughout the country and ideal family size approaches replacement level. The vast majority of women and men favor the use of family planning and almost two-thirds of ever-married women have used a method of contraception at some time.

A major change in contraceptive use is the large increase in the number of couples choosing to use oral contraceptives instead of other methods. The proportion of married women who rely on the pill has almost doubled since 1989, while, at the same time, use of female

and male sterilization has remained the same or declined. This shift away from permanent methods to modern reversible methods has important implications for the family planning program in terms of costs, supply logistics, and method efficacy. The decline in popularity of sterilization is of particular concern given the increasing proportion of women who say they want no more children.

There is evidence that the family planning program has been successful in encouraging women to initiate contraceptive use earlier in their reproductive lives. BDHS data indicate that over 40 percent of married teenage women have already used a family planning method at some time. Moreover, survey results show that younger women are much more likely than older women to have started using contraception before having any children.

Despite the overall success of public and private family planning programs, there are continuing challenges. First, the level of unwanted fertility remains high. The BDHS data indicate that fertility rates would be substantially lower if all unwanted births could be avoided. Second, the custom of early marriage is a deterrent to lower fertility because of the association between early marriage and early childbearing. Women who marry early begin childbearing early and have a greater number of children overall.

An important challenge is to reduce the differentials in fertility and contraceptive use between urban and rural areas, between administrative divisions, and between subgroups defined by level of education. For example, Chittagong Division has a higher level of fertility and a lower level of contraceptive use than any other division in Bangladesh. Educational programs and motivational activities can be targeted to reduce these differentials.



The high level of contraceptive discontinuation in Bangladesh is a challenge for the family planning program. BDHS data indicate that half of contraceptive users stop using within 12 months of starting; one-fifth of those who stop do so as a result of perceived side effects or health concerns with the method.

### **Maternal and Child Health**

The results of the BDHS show continued progress in all areas of maternal and child health; however, many important indicators remain low, thus limiting the delivery of key child survival interventions. Of particular concern is the low utilization of preventative and curative services. Although the majority of women live within one mile of a family welfare center or thana health complex, relatively few visit the facilities to obtain services for themselves or their children.

Antenatal care is important to the well-being of both mother and child; however, most Bangladeshi women do not receive antenatal care during pregnancy, and only a small proportion receive assistance at delivery from a health professional. Differentials in antenatal care among population subgroups are substantial, with urban women much more likely to receive care than rural women. Despite the low level of antenatal care, tetanus toxoid coverage is widespread.

Acute respiratory infection (ARI), and diarrhea continue to be major causes of morbidity and mortality among children in Bangladesh, but only a small proportion of children with these illnesses are taken to a health facility for treatment. More than half of children with diarrhea are treated with oral rehydration therapy (ORT).

Government-sponsored health programs have been effective in improving child survival. The majority of young children are fully vaccinated against the major childhood diseases, and almost half have received vitamin A capsules for prevention of eye disease. There continue to be marked differentials by residence, division, and education in the populations benefiting from these programs.

Improvements in maternal and child health in Bangladesh have resulted in substantial declines in infant and child mortality over the last fifteen years. In the most recent ten-year period, infant deaths decreased by more than one-fifth and, currently, about one child in eleven dies before the first birthday. Among subgroups, the children of mothers who have no education die at a much higher rate than those of mothers who have formal schooling.



JOHNS HOPKINS CENTER FOR COMMUNICATION PROGRAMS

## Fact Sheet

### 1991 Population Data

Total population (millions) <sup>1</sup> .....	111.4
Urban population (percent) <sup>1</sup> .....	19.6
Annual intercensal population growth (percent) <sup>1</sup> .....	2.17
Population doubling time (years) .....	32
Crude birth rate (per 1,000 population) <sup>2</sup> .....	31
Crude death rate (per 1,000 population) <sup>2</sup> .....	11
Life expectancy at birth male (years) <sup>2</sup> .....	57.4
Life expectancy at birth female (years) <sup>2</sup> .....	56.8

### Bangladesh Demographic and Health Survey 1993-94

#### Sample Population

Ever-married women age 10-49 .....	9,640
Husbands of respondents .....	3,284

#### Background Characteristics of Women Interviewed

Percent urban .....	11.5
Percent with no education .....	58.1
Percent attended secondary or higher .....	14.9

#### Marriage and Other Fertility Determinants

Percent of women 10-49 currently married <sup>3</sup> .....	63.3
Percent of women 10-49 ever married <sup>3</sup> .....	67.9
Median age at first marriage among women age 20-49 ....	14.4
Median duration of breastfeeding (months) <sup>4</sup> .....	>36
Median duration of postpartum amenorrhea (months) <sup>4</sup> .....	10.3
Median duration of postpartum abstinence (months) <sup>4</sup> .....	2.0

#### Fertility<sup>3</sup>

Total fertility rate <sup>5</sup> .....	3.4
Mean number of children ever born to women age 40-49 ....	6.6

#### Desire for Children

Percent of currently married women who:	
Want no more children .....	47.8
Want to delay their next birth at least 2 years .....	21.8
Mean ideal number of children among women 10-49 <sup>6</sup> .....	2.5
Percent of women giving a non-numeric response	
to ideal family size .....	7.0
Percent of births in the last 3 years that were:	
Unwanted .....	12.9
Mistimed .....	20.3

#### Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method .....	99.8
Knowing a modern method .....	99.8
Knowing a modern method and	
knowing a source for the method .....	98.0
Has ever used any method .....	65.7
Currently using any method .....	44.6

Percent of currently married women currently using:

Pill .....	17.4
IUD .....	2.2
Injection .....	4.5
Condom .....	3.0
Female sterilization .....	8.1
Male sterilization .....	1.1
Periodic abstinence .....	4.8
Withdrawal .....	2.5
Other traditional .....	1.1

#### Mortality and Health

Infant mortality rate <sup>7</sup> .....	87.4
Under-five mortality rate <sup>7</sup> .....	133.1

Percent of births<sup>8</sup> to mothers who:

Received antenatal care from medical provider .....	25.7
Received 2 or more tetanus toxoid injections .....	49.4

Percent of births<sup>8</sup> to mothers who were assisted

at delivery by:	
Doctor .....	4.2
Trained nurse/midwife .....	5.3
Traditional birth attendant .....	60.3
Relative/other .....	28.7

Percent of children 0-1 month who are breastfeeding .....

Percent of children 4-5 months who are breastfeeding .....

Percent of children 10-11 months who are breastfeeding .....

Percent of children 12-23 months who received:<sup>9</sup>

BCG .....	85.4
DPT (three doses) .....	66.0
Polio (three doses) .....	66.8
Measles .....	68.9
All vaccinations .....	58.9

Percent of children under 3 years<sup>10</sup> who:

    Had diarrhea in the 2 weeks preceding the survey .....

    Had a cough accompanied by rapid breathing

    in the 2 weeks preceding the survey .....

    Received a vitamin A capsule in the 6 months

    preceding the survey .....

<sup>1</sup> Based on 1991 census data from the Bangladesh Bureau of Statistics (Bangladesh Bureau of Statistics. 1993. *Statistical Pocketbook of Bangladesh 1993*. Dhaka: BBS).

<sup>2</sup> Based on 1992 data from Bangladesh Bureau of Statistics

<sup>3</sup> Based on all women

<sup>4</sup> Current status estimate based on births during the 36 months preceding the survey

<sup>5</sup> Based on births to women 15-49 years during the period 0-2 years preceding the survey

<sup>6</sup> Excludes women who gave a non-numeric response to ideal family size

<sup>7</sup> Rates are for the period 0-4 years preceding the survey (roughly 1989 to 1993)

<sup>8</sup> Figure includes births in the period 1-35 months preceding the survey

<sup>9</sup> Based on information from vaccination cards and mothers' reports

<sup>10</sup> Figures include children born in the period 1-35 months preceding the survey